



Information regarding the Application Process & Shopping Experience

The Department and Health Care Policy and Financing (Department), Connect for Health Colorado and the Governor's Office of Information Technology (OIT) continue to collaborate to improve the consumer experience when applying for health coverage. As of January 15, 2015, more than 171,646 Coloradans have gained coverage during the 2015 open enrollment period.

All issues identified with the application process or shopping experience are categorized, prioritized and delegated to the appropriate entity for resolution. The Department, OIT and Connect for Health Colorado participate in daily recurring meetings and hold ad-hoc meetings when needed to discuss identified issues.

It is important for CBMS Users, applicants and those assisting individuals through the application process and shopping experience to report technical issues, such as an error message or problems with navigation, through either the already established Help Desk Ticket process or by contacting the Connect for Health Colorado Service Center. Help Desk Tickets and reports to the Connect for Health Colorado Service Center are how issues are tracked and resolved through collaborative efforts among the Department of Human Services, the Department, Connect for Health Colorado and OIT. Resolution times vary since each issue must be researched to identify if it is the result of user error, missed requirements, system defects, and whether there is a cost to fix the issue. Resources are currently not available to develop and continually update a list of identified "known" issue to be shared with stakeholders, therefore the Help Desk Ticket submission process is relied upon to track issues.

CBMS Users should use their existing business process to submit Help Desk Tickets. Applicants and those assisting individuals through the application process and shopping experience should report technical issues to CBMS.Help@state.co.us. Connect for Health Colorado customers, Assistance Network members, Brokers and Agents should contact the Connect for Health Colorado Service Center at 1-855-752-6749.

The Department and Connect for Health Colorado leverage multiple communication avenues to provide updates and guidance to stakeholders. The Department provides key information through ACA Implementation News¹, At A Glance and the Department's website. The Department also partners with the PEAK Outreach Team who publishes the PEAK View and information to their resource site Tinyurl.com/PEAKOutreach to share information. Key messages are also available on Colorado.gov/PEAK. Connect for Health Colorado provides guidance through its Broker Connect and Assistance Network communications, as well as weekly tips.

The information below provides a status update on reported issues related to the health coverage application process and shopping experience.

¹ *ACA Implementation News* can be found online at Colorado.gov/HCPF/ACAResources. To sign up to receive *ACA Implementation News* go to COHealthInfo.com/Lists.

Known Issues & Clarification and More Information Needed

The issues identified below are broken down in to two categories 1) Known Issues, and 2) Clarification and More Information Needed. Known issues are those in which Help Desk Tickets have been submitted. A status is provided on known issues. For the category Clarification and More Information Needed, we need additional information to further research the issue. Please encourage all applicants and those assisting individuals through the application process to submit Help Desk Tickets or report their issue to the Connect for Health Colorado Service Center.

Known Issues	Status as of 1/9/2015
<i>Application Process</i>	
One-time income payments were not being end-dated and were being used as monthly income.	<p>This issue was resolved in a CBMS Help Desk Ticket Build on 12/19/2014 under project 7197.</p> <p>CBMS Users who submitted Help Desk Tickets were notified and asked to re-run the case to apply the fix.</p> <p>Marketplace customers that did not receive a real-time determination should have received their determination to continue their enrollment process. Other customers who received incorrect determinations and notified the Connect for Health Colorado Service Center are having their applications corrected. Connect for Health Colorado is working to identify customers who may have experienced this problem but never reported it.</p>
An upper limit/cap does not exist in allowable deductions.	<p>Currently, an upper limit/cap does not exist on allowable deductions and it was recognized that a cap is needed. System changes are being identified to implement an upper limit on allowable deductions. This change is being added to the CBMS Work Plan.</p>
Income was being compounded because an applicant's 2014 income was not being end-dated if an applicant submitted multiple applications. This resulted in incorrect eligibility determinations.	<p>This issue was resolved in a CBMS Help Desk Ticket Build on 12/11/2014 under ticket 2124400. Connect for Health Colorado is making corrections to Marketplace applications submitted prior to 12/11/2014 and that were reported to the Service Center. This issue continues to be monitored.</p> <p>Communications went out advising people to not submit multiple applications. A new application should only be submitted when the client has not previously applied, or if their case was closed. Language</p>

Known Issues	Status as of 1/9/2015
	<p>changes are being considered regarding when an applicant should submit a new application.</p> <p>Additionally, language changes to the application are being considered to call out when an applicant should submit a new application.</p>
<p>An APTC amount was being displayed for applicants denied for Medicaid and APTC.</p>	<p>This issue was resolved in a CBMS Help Desk Ticket Build on 12/11/2014 under tickets 2124429 and 2124429.</p>
<p>Customers' life change events/report my changes are not automatically processed in the system. This can affect customers reporting income change or household change and seeking eligibility update for 2015.</p> <p>Medicaid or CHP+ customers can report changes through PEAK, their county office or a Medical Assistance Site.</p>	<p>System enhancements will be made in late January 2015 to ease the change reporting process, with additional system changes later in the year.</p> <p>Marketplace customers are advised to call and report changes to the Connect for Health Colorado Service Center, which will make updates manually.</p>
<p>Legal Permanent Resident applicants subject to the five-year bar for Medicaid but eligible for APTC/CSR were unable to view their correct APTC/CSR determination.</p>	<p>This issue was resolved in a CBMS Help Desk Ticket build on 12/19/2014 under tickets 2127637 and 2127657.</p> <p>CBMS Users who submitted a Help Desk Ticket were notified and asked to re-run the case to apply the fix.</p>
<p>Applicants who state they have rental income are being asked to answer some asset questions to identify the rental home associated with the rental income.</p> <p>Additionally, applicants who state they have rental income are receiving requests for verification/proof of rental income. This may affect some applicants' ability to get real-time eligibility determination.</p>	<p>It is necessary to identify the rental home associated with the rental income as identified by the applicant. If an applicant states that they have rental income, the system triggers certain asset questions related only to rental income. To help clarify what information is needed, this series of questions will be relabeled as "rental income" as to not give appearance that the non-MAGI Medicaid asset questions are triggered. This change is being added to the CBMS Work Plan.</p> <p>In regards to rental income verifications, an update is needed to accept client statement/attestation for rental income for MAGI Medicaid only. This change is being added to the CBMS Work Plan. Applicants should provide all verifications as requested.</p>

Known Issues	Status as of 1/9/2015
A discrepancy currently exists between the paper and online application in regards to student loan interest deductions (paper application asks for student loan interest, online application does not).	The online application will be updated to align with the paper application. This change is being added to the CBMS Work Plan.
An extra field asking for a "document number" displays when entering Legal Permanent Resident information in the application.	This issue was resolved in a CBMS Help Desk Ticket build on 12/19/2014.
Applicants covered for 2014 are unsure how to answer the question asking if they are currently insured. If answered yes, the applicant was unable to purchase coverage beginning 1/1/2015.	This issue was partially resolved on 12/12/2014. Communications from Connect for Health Colorado went out to channels helping with enrollments about the process to follow. Additional language changes and help text are being explored to clarify the intent of the question in the application. This change has been added to the CBMS Work Plan.
<i>Shopping Experience</i>	
Applicants were being directed to the beginning of the application after receiving a real-time eligibility determination instead of proceeding to shop on Connect for Health Colorado.	This issue was resolved by Connect for Health Colorado on 12/11/2014 and additional enhancements on 12/19/2014. Marketplace customers who could not finish their enrollments were asked to contact the Connect for Health Colorado Service Center.
Applicants were receiving error messages (500, 404, unauthorized) at various points in the application process and shopping experience.	Some issues were resolved on 12/12/2014; other errors continue to be investigated. Marketplace customers who are still receiving error messages should work with Connect for Health Colorado Service Center to complete enrollment.
Plan details column headers and medical and dental column headers were not displaying correctly in Connect for Health Colorado Customers accounts.	This issue was resolved on 12/12/2014.
Connect for Health Colorado Customers were unable to check out and submit their selected plan on Marketplace.	Connect for Health Colorado corrected accounts with this identified issue on 12/17/2014 and continue to monitor it.
Marketplace Customers were unable to view their APTC/CSR eligibility following a complete determination.	This issue was resolved on 12/12/2014.
Connect for Health Colorado renewal customers were unable to change their health plan selection.	This issue was resolved on 12/12/2014. Customers who were enrolled in an incorrect plan and have not paid the first premium bill for that incorrect plan are able to change plans (during open enrollment) by calling the Connect for Health Colorado Service Center.

Known Issues	Status as of 1/9/2015
APTC/CSR eligibility does not show up in the Connect for Health Colorado account after the application and eligibility determination are complete.	This issue was resolved on 12/12/2014.
A number of renewing Marketplace customers who submitted enrollments were receiving automatic confirmation notices that combined 2014 and 2015 premiums.	As soon as issue was identified, Marketplace conducted outbound communications to inform customers of the mistake. Error in notification system fixed 12/12/14.
Long Term Care clients are receiving letters stating that they are now enrolled in Connect for Health Colorado.	Clients are given the opportunity to purchase a plan through Connect for Health Colorado while awaiting a Long Term Care determination.

Clarification and Request for More Information	Current Status as of 12/29/2014
Customers receiving incorrect APTC amounts.	<p>Have not been able to confirm reports of: inaccurate federal poverty level assigned to income and affecting determination; annualized income is compounded; previous records of tax dependency conflicting with current records.</p> <p>In some instances APTC was calculated accurately, but because the 2015 amount dropped from 2014 due to a reduction in price of the benchmark plan, customers assumed the new APTC amount was wrong. Consumer education was conducted by Connect for Health Colorado: Media outreach in October to explain APTC changes; customer notifications amended to include explanation and encourage shopping; messages to encourage comparison shopping and advise about lower-cost plans contained in all online communications and advertising.</p>
Applicants are unable to receive real-time eligibility when asset questions (i.e., non-MAGI Medicaid) are triggered.	<p>Answering assets questions for non-MAGI Medicaid should not delay an eligibility determination for MAGI Medicaid. If an applicant is required to fill out non-MAGI Medicaid questions, an eligibility determination should still be made for MAGI Medicaid programs and APTC/CSR. Applicants should provide all verifications as requested.</p> <p>Additional information is needed to further investigate.</p>
Client correspondence may not be generated by the SES.	This issue has not been previously identified; additional information is needed to further investigate this issue.
Businesses "doing business as" (DBA) are showing under both the business name and the DBA.	This issue has not been previously identified; additional information is needed to further investigate this issue.

Clarification and Request for More Information	Current Status as of 12/29/2014
Connect for Health Colorado customers are unable to update their accounts with a new email address.	This issue has not been previously identified; additional information is needed to further investigate this issue. Connect for Health Colorado customers can contact the Connect for Health Colorado Service Center to update their email address.
Applicant addresses that include a numerical fraction (e.g., 10½ Circle Lane) are unable to input their address.	This issue was resolved during the 2014 open enrollment period, and it has not been identified as reoccurring during this open enrollment period. Additional information is needed to further investigate this issue.
Applicants are unable to print their Medicaid Denial letter in order for that person to qualify for Marketplace insurance with APTC/CSR eligibility.	<p>A copy of an applicant's Medicaid denial letter is not needed to purchase a qualified health plan through Connect for Health Colorado. To purchase a plan through Connect for Health Colorado an applicant must provide their Case ID Number and Authorization Number to shop (both numbers can be found on the Eligibility Results page when applying online and on their Notice of Action that can be found in the PEAK Mail Center).</p> <p>Additional information is needed to further investigate this report.</p>